



State of Rhode Island
Department of Business Regulation



DIVISION OF COMMERCIAL LICENSING AND REGULATION

ALARM SECTION

233 Richmond Street, Suite 230

Providence, Rhode Island 02903-4230

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www.dbr.state.ri.us

APPLICATION FOR ALARM BUSINESS RENEWAL

APPLICATION FEE \$50.00

LICENSE FEE \$300.00

TOTAL FEE \$350.00

ALARM BUSINESS: _____ LICENSE # _____

ADDRESS: _____ EXPIRES: _____

LIST ANY BRANCH LOCATIONS: _____

NORMAL BUSINESS HOURS: _____ DAYS OF OPERATION: _____

BUSINESS TELEPHONE #: _____

DO YOU MAINTAIN 24 HOUR EMERGENCY SERVICE? YES _____ NO _____

BOND COMPANY: _____ BOND EXPIRATION DATE: _____

INDIVIDUAL MAKING AND SIGNING APPLICATION ON BEHALF OF BUSINESS

The undersigned hereby applies for renewal alarm business license pursuant to the provisions of Title 5, Chapter 57 of the General Laws of Rhode Island and makes oath to the truth and accuracy of all supplementary statements hereto attached.

NAME: _____ SOCIAL SECURITY # _____

ADDRESS: _____ DATE OF BIRTH: _____

PLACE OF BIRTH: _____

PHONE NUMBER: _____

X-----

Signature of Applicant

(Individual, Owner, general partner, or Principal Officer)

Have you, the signatory of this application, ever been convicted in any jurisdiction of a felony or misdemeanor, or, to the best of your knowledge and information, have any owners, partners, or principal corporate officers of the applicant alarm business, including those not residing in this state, ever been convicted in any jurisdiction, of a felony or misdemeanor?

YES _____ NO _____

If the answer is yes, list name of individual, charge, court of jurisdiction, date of conviction, penalty imposed, final disposition, if any, on a separate sheet of paper and attach it to this application.

Subscribed and sworn to me _____ this _____, day of _____, 20 _____.

Signature of Notary Public _____ Commission Expires _____

